KANSAS CRIMINAL JUSTICE COORDINATING COUNCIL

OFFICE OF THE GOVERNOR

FEDERAL & OTHER GRANTS PROGRAM

300 SW 10TH AVENUE, SUITE 212S, TOPEKA, KS 66612-1590

FAX: (785) 291-3204

GRANT PROJECT NARRATIVE REPORT Due October 15, 2005, January 15, April 15, and July 15, 2006

The information provided on this report will be used by the Governor's Grants Program Staff to review progress on the funded grant projects. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing laws and regulations. The information in this report will be shared with the U.S. Department of Justice, Bureau of Justice Assistance and the Kansas Criminal Justice Coordinating Council.

1. NAME AND ADDRESS OF SUBGRANTEE ORGANIZATION		2. GRANT PROJECT NUMBER	
		3. REPORTING PERIOD (MM/DD/YY) FROM: / / TO: / /	
4. GRANT AMOUNT		5. DATE OF REPORT 6. PHONE NUMBER	
7. NAME AND TITLE OF AUTHORIZED CERTIFYING OFFICIAL		8. SIGNATURE	
9. TARGET AREA FOR THE GRANT PROJE Statewide	CT:		
Region/Multi-Jurisdictional County Municipality	Please list	t the regions or counties served:	
10. QUARTERLY STATISTICAL INFORMATI	ON AS IT APPL	LIES TO THE GRANT PROJECT:	
Number of investigations		Number of offenders successfully discharged	
1a. Adults		6a. Adult probation	
1b. Juveniles		6b. Juvenile probation	
2. Total number of arrests		6c. Adult parole	
2a. # of possession arrests		6d. Juvenile parole	
2b. # of trafficking arrests		6e. Adult community corrections	
2c. # of domestic violence arrests		6f. Juvenile community corrections	
2d. # of sexual assault arrests		6g. Adult treatment	
2e. # of child abuse arrests		6h. Juvenile treatment	
2f. # of juvenile arrests		7. Total number of victims served	
3. Number of prosecutions		7a. Adults	
3a. Adult		7b. Children	
3b. Juvenile adjudication		8. Total number trained	
4. Number of offenders on supervision		8a. Number of law enforcement officers	
4a. Adults		8b. Other professionals	
4b. Juveniles		Number of prevention trainings	
5. Number of offenders receiving treatment			
5a. Adults			
5b. Juveniles			

PLEASE RESPOND TO THE FOLLOWING QUESTIONS. A SEPARATE SHEET OF PAPER MAY BE NECESSARY.	ATTACHED IF
11. Describe how the goals and the objectives of the grant project are being met. If this is the final report and objectives have or have not been met.	, explain how the goals
12. Please describe any problems that have occurred during the reporting period. If this is the final report impacted the grant project.	t, explain how this has
13. Attach any notable news articles that may be beneficial to report the grant project's success.	
Approved by Office of the Governor: Date:	